

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 0-876)

APPLICANT'S I.D.

09-13010

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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49			—			
50			—			
TOTAL IND.	3		1	5		
TOTAL DEP.	27	→	28	↓		
TOTAL TOT.	30	↓	29	↓	32	↓

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	2		1	1		
TOTAL DEP.	27	→	28	↓	32	↓
TOTAL TOT.	30	↓	29	↓	32	↓

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